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CRIME AND ITS CAUSES.*

By H. L. APPLETON, M.D.,

CENTRE, ALA.

This is a subject that addresses itself more potently and practically to any other occupation or profession than to the medical practitioner. As doctors we study and are called upon to deal with physical ills and combat the diseases of the body, more than we are invited into the field of legal philosophy or into the domain of moral derangements. True, we have an individuality as citizens—we have civic functions to perform and we have politic interests to subserve and protect; but our life work must, of necessity, be in dealing with the violated laws of nature more than with trangressions against the rules of municipalities or breaches of the precedents and status of commonwealths. However, as all error is a species of crime, whether it exists in the failure to perform a required duty or whether it finds its commitment in the doing of a forbidden act, we are all more or less connected with, and are often confronted by crime in some of its multiform phases.

Error is common along the pathway of progress, errors in judgment, errors in opinion. We stumble and fall over the stones of error in truth's high way. Error is allied to pride and hard to conquer. Ignorance is profoundly indifferent, because it is satisfied with itself. Error, if honest, is anxious to obtain the truth; but ignorance, without ambition, and without light, is content to remain in its own imbecility.

Ignorance is a prolific source of error and often develops and fosters crime. Ignorance of the laws of nature, or of the laws of man,

*Read before the Tri-State Medical Association of Alabama, Georgia and Tennessee.

each has its catalogue of errors, and hence its modicum of crime. The perversion of any good, however well intended, develops evil consequences; even enthusiasm is often productive of evil when unaccompanied with knowledge. A thing is good only so far as it is necessary; all beyond this is evil. Light is good so far as it is needed, but too much light overpowers the vision. Praise is good, but too much praise will ruin us. It is the virtue of moderation that is wanted—the restraining force of high principles and high and noble purposes to keep us in check and hold us to what is highest and best in our nature and destiny.

The question for each one to ask is: How to keep one's self in the happiest and healthiest condition, so as to do most and best and so as to live most and best. The temperate are the most luxurious; for by abstaining from some things it is surprising how many other things we can enjoy. Temperance in all things consists in a rigid subjection to every inward feeling and power over ourselves.

"What suit of grace hath Virtue to put on
If Vice shall wear as good and do as well?
If Wrong, if Craft, if Indiscretion,
Act as fair parts with ends as laudable?"

But I am getting far away from the general "round up"—I am premising a field, the vastness of which will defy the capacity of a single article; therefore, I will, of necessity, be forced to select some one phase of this subject, and give this phase exclusive discussion, for this subject, in its full scope, is without limit—it is like a sky without a horizon, an ocean without a shore; it is as old as the history of our race, and it began with

"The fruit of that forbidden tree,
Whose mortal taste brought death into the world and all our woe."

In making a selection of an individual phase of this subject, I have tried to select that one with which our profession is most intimately connected, and that one which we, as physicians, have some chance to forestall and some power to control.

I shall, therefore, briefly discuss the physiology of the reproductive functions and the psychological relations that these bear to the ultimate virtue or vice of the offspring.

The use and abuse of the reproductive functions of our nature, concern the race more essentially than the popular questions of politics and theology. Temperance and judiciousness are the light houses that warn us of the shoals and breakers of excesses and improprieties. The decrees of God are the eternal laws of His vital system, written

upon the constitution of man, and reproduced whenever a child is born. More can be effected under the laws of heredity, in forming the character of a human being in nine months of utero life, than can be in nine years after the birth of the child.

The connection between nutrition and reproduction is most intimate. The kind and quantity of food on which the mother subsists, her surroundings, the influences resting upon her during the period of gestation deeply affect the body and soul of her offspring.

This law that impressions received during the immaturity of the powers become the unalterable habits of after life, is, perhaps, the most momentous of all the laws in whose power we find ourselves. The habits of parents become instinctive in their children. Impressions are stamped upon the child by ruling thoughts and habits, or by whatever strongly impresses the mother during the period of gestation, and thus we have an issue cursed with human vices or blessed with human virtues in proportion as the mother has been favorably or unfavorably surrounded and influenced during the period of gestation.

What is wanted is to invest love relations and parenthood with dignity and ideal purity When human beings realize, even vaguely, that they are clothed with the power, and burdened with the responsibility of transmitting, as a baleful legacy to their offspring, defect and crime, and that this legacy is to be the curse of life on earth, then there will come a change in the mind and conduct of parents. When right generation and right education prevail, private vice will be consumed in public sentiment. Sexual impulse, unrestrained, unguided, is the cause of the most terrible crime, and from it flows a great share of the misery and degradation of the world. To eat and multiply is the animal being, and when man yields to the same impulse he becomes an animal, more debased in proportion as his intellect furnishes the means.

Parents alone are responsible for the bodies and souls of their offspring. The cry of the wronged ones goes up to Heaven: "From our parents cometh our misery." God Almighty enjoined upon the mother of Samson that she should drink no wine or strong drink and eat no unclean food after her conception. He knew that virtuous and vicious habits are transmitted from mother to child during gestation, that the influences surrounding her and her habits and diet during gestation determined the destiny of her offspring, and hence, as Samson was to be a factor in delivering God's chosen people He wanted a perfect man.

A mother may impose upon the world a discordant nature, and upon her child the greatest curse a parent can entail. Who shall de-

liver us from our ancestors? The sins of the parent are visited upon the children to the third and fourth generation. Between the broken law and its entailed consequences, stands the mother, invested with a power which makes her a redeemer or a nemesis. The son which Hannah prayed so earnestly for, and gave unto the Lord, before his birth, inherited a soul which had been to school before its first breath; and we find Samuel ruling the capricious hosts of Israel from his childhood and at the end of his long reign calling without a response upon the assembled tribes for one wrong he had committed as a ruler, and for one duty he had neglected as a priest.

Why did the Creator enjoin upon the mother of Samson absolute temperance and propriety, and why did He answer the prayer of Hannah and keep her mind in the "hollow of His hand" during her gestation of Samuel? It was to teach the very lessons I am trying to put forth —that physiological and psycological conditions and influences during pregnancy have more to do with the destiny of our race than all other agencies combined.

Every false marriage is a fountain of impure waters. Such a relationship brings into the world a fresh supply of blood love children —offsprings of the inferior elements of reproduction—with hereditary dispositions to crime of every kind and magnitude, which all our legal arrangements are expressly made to prevent, or to prove against the victims and punish them.

The offspring of these unhappy marriages are doomed to come into the world cursed with the effects of the unwholesome and unhappy surroundings of the mother and under the theory heretofore advanced, this being is doomed before its birth to go astray and predestined to become a criminal of greater or less magnitude accordingly as the intellect may render possible and opportunities may encourage, and nothing short of the omnipotent grace of God can forestall his destiny.

Suppose a child to be begotten at the close of a night of ball room dissipation on the part of the mother, and of a night of Bachanalian debauchery on the part of the father; and suppose, during the period of gestation, the mother goes through a long season of fashionable society life, engages in the suggestive waltz, enters into the exciting and tempting lascivious round dances night after night, keeps late hours, feasts upon highly seasoned and exciting foods, drinks wines and engages in the different and exciting games of chance so common in high life, then if the proposition is true that heredity is a reality and that the influences of the mother upon the child during gestation is the controlling factor in creating the temperament and shaping

the destiny and disposition of the child for all after life, what must be the fate of the being brought into the world under these circumstances and antecedents? Here is one of the sources from which our penitentiaries are filled, our mad houses supplied and our gibbets furnished.

The law of heredity cannot be evaded, and the effect of pre-natal influences cannot be denied, disguised or unheeded. No amount of money can purchase exemption from the authority of the one and the profound results of the other. No amount of learning can design any way to circumvent their operation. No amount of refinement can refine away their power and influence. The evil habit, the coarse nature, the selfish ambition, the animal propensities and indulgencies, the querulous temper, and grasping avarice, under however gilded and reputable exterior they may be concealed, or behind however much of ancestral distinction and honor they may be ensconsed, cannot do otherwise than transmit an inheritance of evil to posterity, and in some form or other stay, as a burden instead of a help; as something dragging the nature down, holding it back from achievement which, otherwise, might be easily attained. In the light of such a law, and in the face of the effect of such influences, how urgent is the motive for uprightness and purity, for moral cleanliness of every form; for temperance, sobriety and self-control. For in these virtues lie, in embryo, the clean brain, the pure heart, the strong-fibred conscience, and the sound and stalwart body of the generations yet unborn.

Now what can we do as physicians to check this awful tide ? We are behind the curtain in the domestic drama. We are quasi member of each family into which we are called to enter professionally. We have a relation of confidence and have privileges as to the secrets of our patients that no other profession or occupation enjoys. As doctors, we have full and fress passport to the sanctum sanctorum of each home into which we are professionally called. We owe our profession; we owe our kind; we owe our country, and we owe our God a higher duty than to merely make professional visits and prescribe for physical ailments.

It is our duty to teach as well as prescribe; it is incumbent on us to prescribe information which peculiarly belongs to us as doctors, as well as to prescribe the proper physic. We might shield many an unborned being from degradation and shame and crime by making timely and appropriate suggestions to parents. The most of people desire their offspring to be good at least; the most depraved mother will strive to protect her youthful and unstained daughter from the influences that effected the mother's fall, and the agencies that wrought her ruin.

And in every instance, if the parents knew that their excesses and improprieties were to be visited upon their children, they would forego all these during the period, at least, when their influences would necessarily be so profound and potent and far-reaching.

Then let us become missionaries as well as physicians; let us publish it in Gath and tell it upon the streets of Askelon, that not only the body, but the very soul and destiny of the unborned millions is within the control of parentage, and that it is within the power of parents to send into the world a desciple of virtue or a devotee of vice, just in proportion as they may observe or disregard the laws of heredity and habit.

SEPTICEMIA AND THE CURETTE.

By H. Plympton, M D.

To attempt to break up an old established custom in any line of life is at best, a thankless job, and one likely to call down harsh criticism upon the head of the daring iconoclast.

To attempt to uproot old prejudices existing in favor of a certain line of practice in surgery, and diametrically oppose such practice, is to invite from some, adverse criticism of the harshest kind. The only recompense for this is a logical refutation of, or concurrence in the argument advanced, on the part of other members of the profession.

This latter is what I hope for, and if I provoke a discussion, or start a line of thought in the minds of half of the readers of this article, I shall have achieved all I started out to do.

Curetting the uterus to remove fragments of after-birth or other debris has been taught in our medical schools from time immemorial, and it is firmly fixed in the receptive and retentive mind of every medical student that the first move following any such abnormal uterine condition, is to cleanse the uterus by means of the curette.

That the organ should be thoroughly and aseptically cleansed admits of no argument, but that the work should be done with the curette, I deny most emphatically.

The majority of cases of death following the decomposition of foetus or placenta in utero, are caused by the use of the curette, and I hold that septicemia may be avoided if a more rational procedure is resorted to.

The condition of the uterus containing septic matter is one of great congestion; the thickened walls being coated internally and over the os with a thick, brown, tenacious mucus.

The congestion is active, and therefore the more dangerous in the event of the admission of septic matter into the circulation.

If the curette is used, denuding the walls of their protective covering, an immediate vaccination takes place with a septic virus, septicemia following in an incredibly short space of time (chemical metamorphosis is marvelously rapid in the circulatory system) and death quickly ensues.

If without using the curette, we can remove the septic matter from the uterus without disturbing the mucus covering, and enable the uterus of itself to expel the coating, we shall have taken a long step forward in the treatment of this class of uterine cases.

The uterus, by reason of its congestion may be made to perform a self-cleansing act by exciting the exudation of the serum of the blood into its cavity, thereby washing itself out, and expelling all septic matter instead of absorbing it.

This process of exosmosis is induced by a properly combined alkaline solution at a temperature above 100° and a strict avoidance of Bi-Chloride, Carbolic Acid, Formaldehyde, or any antiseptic of an acid reaction or astringent nature, which would coagulate the fibrine and albumen of the blood.

My method of procedure is as follows:

First. The gentle removal of whatever fragments are lying in the uterine cavity, by means of forceps, care being taken not to tear from the walls any adherent piece.

Second. The gentle flushing of the uterine cavity with the alkaline solution (110°), the reservoir containing the fluid being not more than two feet above the level of the hips.

If the flushing could be continuously administered for a few hours (say two or three), the conditions would be more speedily reduced to normal, but the discomfort of the position of the patient (on a Douche pan), prevents this, and a flushing once every two hours with one quart of solution is about the limit of treatment.

For flushing the uterus, I use a small dilating uterine douche, and as there is plenty of room for the escape of fluid and fragments, there is no danger of fallopian colic or salpingitis.

The first flushing is frequently followed by contractile pains and expulsion of any previously adherent pieces, together with much of the mucus.

A tablet of Ext. Cannabis Indica, gr. 1-4.
Ext. Ergotin, gr. 1-2.
every hour till desired effect is produced will contract uterus and alleviate pain.

The bowels should be moved freely, both by enema and catharsis.

During the interval between douches, the patient should be kept on

her back with the hips sufficiently raised to permit the retention in the vagina of as much of the alkaline solution as it will hold.

The rapidity with which this treatment will reduce temperature, relieve pain, stop vomiting and remove offensive odor is marvelous to one who has not tried it. Sometimes two flushings are sufficient to cleanse the uterus thoroughly; vaginal douches being all that are needed subsequently to complete the work.

Uterine congestion is speedily relieved, and the uterine discharge changes from brown, thick bad smelling mucus, to a thin transparent one, accompanied or followed by more or less of a flow of blood.

A reduction in the frequency of the flushings is desirable as soon as a tendency to return to normal conditions begins to be observed, as it frequently will within twenty-four hours. Then simple vaginal Douches every three hours with an ocacsional uterine flushing if symptoms indicate it.

The action of exosmosis (and endosmosis, for there is every reason to believe in the absorption of some of the fluid), is what is desired to relieve the existing congestion, as in a Bronchitis, Pneumonia, Congestion of Kidney, congestion of any mucous membrane, etc., and is the most rational means of restoring to normal condition.

I do not wish to be understood as decrying the use of that most valuable instrument the curette, but only the abuse of it to-wit: its employment under such conditions as make it practically a sharp weapon loaded with septic matter, dangerous beyond the poisoned arrow of the Malay, or the fang of Cobra, and utterly opposed to our modern ideas of antisepsis.

No. 2 Macon St., Brooklyn, N. Y.

CHILD LABOR—A NATIONAL CURSE.*

By J. Lawton Hiers, M.D.,

SAVANNAH, GA.

The medical fraternity as a whole represents nothing if its power for good be curtailed or neglected. It stands as the connecting link between health and disease, life and death, morality and degeneracy, enlightenment and a lowered mentality, loftier ideals and debased motives. It is, as it were, the mediator between good and evil; the counselor of mankind. Founded its principles upon the rock of truth; having delegated to itself the protection of humanity; having established within itself the confidence of a trusting people, it devolves on the physician as the disciple of an unsullied art, and the custodian of his country's welfare, to shatter the multiplicity of false idols and

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

ideals that may exist among his constituents, and lead them from darkness of ignorance and possible despair back to the light of nobler things.

To the average layman this vital question is probably of little moment, for he has not paused in his mad rush for gain to reflect on its immensity. Or, if given a thought the same is transitory and soon lost amid the hustings of commonplace events. The cause of humanity is without his sphere, and its cares evoke little sympathy. With the profession, therefore, rests the responsibility; and on the medical profession especially, for which an eye single to the creation of a perfect physical manhood, no ulterior purpose can be attributed to it for espousing the cause of countless multitudes of care-worn children who eke out a miserable existence under the domination of some plutocrat who fills his cankerous coffers at the expense of their wan features, pallid countenances and ghost-like forms.

Northern capital is chiefly responsible for the present condition in the South. The New York Journal recently declared such to be the fact. Northern capitalists do not hesitate to avail themselves of the cheap labor of our little ones; and we stand idly by passive and apparently indifferent and raise neither hand nor voice in opposition! How true that they have taken away from them who have not even that which they have! Can capital willing to receive such ill-gotten gains be appealed to morally? Has it conscience, does it know the meaning of pity, or can it be expected to manifest sympathy? What a travesty on justice! What an insult to humanity! Its talons sink deep—and deeper still into the throats—into the very lives of its victims: and, helpless, they struggle for a while and then succumb.

Picture the spectacle of little children drudging for pitiful wages in the factories, the mills, the mines of this new, rich and what we are wont to call glorious country—their innocent lives "ground up into cotton fabric and dollars" and tell me wherein the glory lies. Is this not rather a national crime—an indictment of industrial system which makes such sordid cruelty possible? If civilization can find no better agency for the education of our children than through the medium of factory life it were infinitely better that they be reared in ignorance; for the "education" imparted through this source is at best but calculated to stunt the body, to destroy the health, to deprave the moral and to dull the mind. And with these elements lacking future anticipation and hope become a farce. The strong must fight the battles of the weak; the helpless must be protected. This is a duty as strong as the love of Divinity and one we cannot shrink The issue is clear cut, there can be no quarter. The sterling man

hood of our country—and especially of every Southern State—must rise and compel legislation which shall teach capital, regardless of the section from whence it may come, that we can and shall protect the innocents who have not the power of shielding themselves. We can, yes, and must—"Rise and right the wrongs of ages, balance time's unequal pages"—not with the sword but with the law.

In the South especially the evil of child labor seems to be growing. The estimate is made that some 22,000 children are working in manufacturing establishments in our southern country: and that between 9,000 and 12,000 of these are less than twelve years of age. According to statistics recently published, the increase during the decade between 1870 and 1880 was 140.9 per cent.; from 1880 to 1890, 106.5 per cent.; between 1890 and 1900, 270.8 per cent. Out of 45,044 operatives in textile manufactories in North Carolina, 7,996 were under 14 years old, and their daily average wages was 29 cents (Rev. E. G. Gardner). When we ponder the long hours these immature individuals are kept at work, well may we shudder and imagine their future. The formidable character of the increase of this abuse can be realized, for the subject is at once brought to our very doors. Well has the editor of the Journal of the American Medical Association remarked: "It is bad policy for a State to encourage the increase of degeneracy in this way, to say nothing of the questions of humanity involved. Whatever may be thought of some of the other demands of the labor agitation of the day, that for the abolition of child-labor, as it exists in some of the southern factories, can be enforced by our profession and should be by the public generally.

One reason why speculative cotton industries are seeking the South is because here, with possibly few exceptions, they are free to employ child labor, while in the North legislation is being, or has been, enacted against it. Georgia, South Carolina, North Carolina and Alabama are singularly remiss in the enactment of compulsory education and child labor laws. The Southern States as a whole are sadly deficient in this respect, and many years behind our northern neighbors. But wherever it exists the employment of children in factories is a source of danger not only to the community, but the commonwealth. The matter can only be successfully checkmated by enforced legislation and activity. Lax measures will produce lax results; and when the law becomes indifferent and our activity ceases, child labor will thrive.

Aside from capital, the avarice and greed of parents and guardians is largely responsible for the present unfortunate condition, but it is just here that the law should intervene. If we have laws that prove ineffectual, they should be repealed and others enacted. A law that is not enforced is no law at all, but a travesty.

Child labor is a thing in which the public cannot afford to remain either uninformed or unconcerned. It is a case of save the child or accept a reduced average of adult efficiency in the next generation. The coming generation of men and women we must guard, and this will be manifestly impossible unless we exhibit a greater and more commendable desire to protect the rising one of little children.

A CASE OF BRIGHT'S DISEASE BENEFITTED BY THE USE OF APOCYNUM CANNABINUM.*

By R. B. Paine, M.D.,

MANDEVILLE, LA.

The use of apocynum cannabinum in Bright's disease has been exploited from time to time for many years, but it seems to me that it has hardly taken the rank among therapeutic agents, which it justly deserves. This may be due to several causes, chief among which is the lack of good results on account of an inferior preparation of the standard drug, or the substitution, intentionally or otherwise, by the manufacturing pharmacists, of some variety of the plant different in therapeutic power from the true genus now under consideration. The preparation which I have used was made by the Nickells-Stone Chemical Company, of New Orleans, and the appended letter from Mr. Stone describes the care which they exercise in furnishing a reliable product.

I have now for more than a month been apparently holding in abeyance a fatal termination in a case of chronic Bright's disease with mitral regurgitation, which had previously been treated by some physician in New Orleans with a host of diaphoretic, diuretic and cathartic medicines, while his suffering was constantly growing more intolerable by reason of the ever increasing anasarca, while under the influence of this one remedy, persistently administered, the annoying symptoms of dyspnoea, palpitation, etc., have been wonderfully relieved. The fluid extract being very bitter and nauseous, I administer it in capsules followed by a drink of water, and so far this method has protected the patient against the usual nausea and vomiting so frequently recorded in the experience of others.

Now to the case to which I desire especially to call your attention. Was called on Feb. 13, 1902, to see Mr. B. aet. 47; he seemed to be suffering at that time with only a slight attack of bronchitis, for which I prescribed without having my attention called in any way to the condition of his urinary system. I had known him for several years, and had latterly begun to look upon him with suspicion, thinking that

*Read before the Tri-State Medical Society of Alabama, Georgia and Tennessee.

he might have kidney trouble, chiefly on account of a change in his facial expression, and complexion. A few days later a message came stating that the patient was very little better, and wished to know it he should have the prescription refilled. I went to see him again at once, and while talking to him, I noticed through his trousers an unwarranted roundness of the knee joints. Examination disclosed effusion with pitting from the knees down. Upon examining the heart I found a very loud mitral regurgitant murmur with dilatation and a chemical analysis of the urine showed albumin in abundance. I at once began the routine treatment for this complicated condition, administering in turn the Da Costa heart tonic tablets, Co. Jalap powder, Elaterium, Uva Ursi, Buchu, hot vapor baths, dry hot air baths, and everything that I ever heard of being used in this condition. The results were uniformly unsatisfactory and at the end of about three weeks the ascites was so marked that the patient was unable to lie down or sleep at all. In my efforts to find something to give the unfortunate man some measure of relief, my attention was, by accident, called to apocynum cannabinum, and as a drowning man will grasp at a straw so I seized upon this thought with avidity. My patient at this time was passing by actual measurement only six ounces of urine in 24 hours. I began the administration of the fluid extract in 8-drop doses every 4 hours, and 12 hours after the first dose was taken, the flow of urine began to increase so that in the next 24 hours the amount of urine had increased to 132 fluid ounces, and for about a week the amount varied from 130 to 160 ounces. The ascitic fluid being by this time nearly all drained off, there being no oedema except a little below the knees, the amount of urine began to diminish, and I reduced the quantity of the medicine to 4 drops three times daily. During the administration of the full doses the pulse rate was reduced from 116 to 92 and its quality was much improved, the patient being able to lie down and sleep comfortably, and the distressing dyspnoea vanished and never after gave any annoyance. A few weeks later the effusion began to increase, the pulse rate went up to 118, and one day after taking a little walk in the yard, he came in, expressed himself as feeling very tired, walked to his bed, and leaning over it face downward, expired without a struggle. Now while this case was not cured by the use of the remedy, the distressing symptoms of dyspnoea, and inability to eat or sleep or have one moment of comfort, were dispelled as if by magic under its wonderful influence. In these utterly hopeless cases, where we know that on account of structural changes in the vital organs it is useless to expect a cure, I think we should at least try every reasonable means to afford some relief to the unfor-

tunate mortals who are forced to greet us at each visit with entreaties for help, and I wish to impress upon you that with these facts in view a physician has hardly done his whole duty to this class of suffering humanity, until he has secured from a reliable manufacturer an unquestionably genuine preparation of apocynum cannabinum, and given it a faithful, impartial, and thorough trial.

New Orleans, La., Sept. 30, 1902.

Dr. R. B. Paine,
Mandeville, La.

Dear Sir:—

Replying to your esteemed favor of the 26th inst., we have great pleasure in stating that our Fluid Extract Apocynum is manufactured from the true Apocynum cannabinum.

Many manufacturers use an inferior drug or wrong variety in preparation of Fluid Extract Apocynum and as a result the drug has been condemned as not possessing the therapeutic properties attributed to it. We take every precaution with a view to obtaining the genuine Apocynum cannabinum for the manufacture of our fluid extract. Every bale of drug that is received is opened up and carefully examined to be sure that it is the genuine drug, free from admixture of Apocynum androsaemifolium.

The finished fluid extract is always assayed and adjusted to a definite standard and positively possesses all the properties and virtues belonging to a carefully made extract of the genuine drug.

It is with pleasure that we note the very satisfactory results which you have obtained from the use of our Fluid Extract, and assuring you that the same care is taken in the manufacture of all our fluid extracts as in this one instance, we remain,

Very truly yours,
Nickells-Stone Chemical Co., Ltd.,
Per W. H. Stone, Supt.

(Copy.)

TREATMENT OF TYPHOID FEVER.*

By O. L. Shivers, M.D.,

MARION, ALA.

In this short article, which I present for your consideration, I do not propose to enter into any dissertation upon the etiology, pathology or symptomotology of typhoid fever, for all of you know as much, and probably more than I do in regard to these portions of the subject.

*Read before the Tri-State Medical Society, Birmingham, Ala., October 9th, 1902.

I merely wish to call your attention to the treatment of this disease, which I began nearly three years ago, and have continued to use, with the most satisfactory results since then. After the treatment of thirteen cases I submitted my plan of treatment, with my reasons for the same, to the physicians of my town with the request that they use the same with their patients. They did so, and had the same good results with their patients that I had. Now with matters of religion, history or legend, I would not say or do anything to destroy the ideals, which we have cherished for ages, but in the treatment of typhoid fever, resulting in cutting short the disease, by one half in regard to time, I would be proud, if I could win the distinction of being an iconoclast, whose touch would dissipate into thin air, the fear that typhoid fever would linger till six or nine or twelve weeks had passed. This, I believe, I have done. Drs. G. R. Johnson and C. B. Robinson will testify to this in their own practice.

In beginning the treatment, it is necessary to know first that you have, submitted to your care, a case of typhoid fever. In many cases it is possible to recognize the presence of typhoid fever in a patient within ten minutes from the time of entrance into the sick room. In other cases several days will have to pass by before we will be able to discover, positively, the existence of typhoid fever for the reason that malaria and typhoid may, and very often do, exist in a patient at the same time. The presence of malaria will certainly mask the symptoms of typhoid. Then the physician must treat the malaria first, so that he can eliminate that from any further consideration.

To accomplish this purpose, I give, in the morning preferably, the following:

℞ Hydrarg Chlor Mit 1.00
Sodium Biscarb 0.25
Ipecac 0.25
m

This to be put into six capsules, giving one every 2 hours till (3) three have been given. Should these not produce any discharge from the bowels in eight hours after the administration of the third capsule, give a Siedlitz Powder, or two teaspoonfuls of Epsom or Rochelle salts. Then at 10 p. m. I begin the administration of quinine in the following combination, viz:

℞ Quin Bisulph 4.00
Antikamnia 1.50
Codeine 0.20
Ft Capsules xij .....m

Give one of these at ten at night and repeat every four hours till four are given. The next night give the quinine at the same hours, and in the same quantity. If there is no control of the fever, you may be sure that it is a case of typhoid.

Then I begin the treatment which I have found so beneficial in abbreviating the febrile portion of the disease.

In many cases I find the typical symptoms of typhoid present at my first visit. When I see these cases I do not give the preliminary treatment which I have just suggested for the elimination of malaria, but begin at once to give the following:

℞

Ammon Carbon	10.00
Creolin	1.50
Beta Naphtol	0.50
Tr Opii Deodor	10.00
Spts Camphor	4.00
Mucilag Acac Qs ad	128.00
	m

Sig.—Shake before giving.

Of this mixture I order one teaspoonful to be given every two hours till half a dozen doses have been given, and the patient is brought under the quieting influence of the Tr Opii Deod and Spts Camphor. Then the intervals are lengthened to three and four hours. This is to be given continuously day and night, throughout, and when the fever has subsided, which will occur in from six to ten days, the intervals between the doses to be lengthened or the doses to be made smaller and given with the same intervals of time between their administration as were the full doses during the existence of the febrile stage.

Every two or three days I find the necessity for the administration of the following antiseptic powders:

℞

Hydrarg Chlor Mit	0.12
Beta Napthol	0.06
Lactopeptine	0.75
Ft Chart vj	m

Sig.—Give one every hour till all are given.

Eight hours after the last of these powders has been taken give a Siedlitz Powder or dose of Rochelle salts to flush the sewer of the body (the alimentary canal), to carry off all fermented or decomposed

portions of undigested food or abnormal secretion. My reasons for the use of each ingredient in this combination are these:

The name "typhoid" was given because it was typhus like, and the Greek word "Tuphos" means "smoky or cloudy," which is expressive of the mental conditions of the patient. This condition is due to adynamia, and to combat this condition, I selected the carbonate of ammonia, the stimulating effect of which is well known. To bring about antisepsis of the alimentary canal, I selected Creolin and Beta Naphtol, both of which are insoluble in water, and by being mixed in mucilage, are carried through the stomach, into the intestines, and brought in contact with the abraded surfaces of the inflamed glands. The bacillus typhosis does not live in the presence of these agents, and when the antiseptic powders, to which I have just made allusion, are given and followed by Siedlitz or Salts, the absorption of ptomaines is prevented. In selecting the salines for emptying the bowels, I did not want to risk the mechanical effects of castor oil or rhubarb or Senna, for fear of producing hemorrhage. In regard to the diet, I prefer a liquid food until a week has passed after all febrile symptoms have subsided. I never hesitate to allow buttermilk, but caution the nurse to make intervals of time between the administration of the Ammonia mixture and the buttermilk, at least one hour, because it is not desirable to bring about any chemical reaction between the lactic acid of the buttermilk and the ammonia.

Sweet milk is to be avoided throughout the whole course of the disease. I have found from experience that it is the most potent factor in prolonging the existence of fever, of any and all articles of nutrition, which has ever been given to a typhoid patient.

Rice has been considered by most people a sick person's food, but I know from experience that it ferments more rapidly than anything that goes into the stomach.

The white of an egg mixed, not beaten, with water in which a grain of salt is dissolved is the ideal food for a typhoid. It does not ferment or decompose when the stomach and intestines have been treated with the antiseptic powders to which reference has been made. The proportion of the egg and water is, the white of one egg and six tablespoonfuls of water. Of this mixture two or three tablespoonfuls to be given every three hours.

In regard to arterial stimulants, should the need for them arise, whiskey and water, without sugar, should be given always before the food by fifteen or twenty minutes. The medicines, to make the food and arterial stimulant more effective, are strychnia one sixtieth grain, and Sparteine, one-half grain, given morning and night.

ADDRESS OF WELCOME TO THE TRI-STATE MEDICAL SOCIETY, OCT. 7, 1902.

By Hon. W. M. Drennen,

MAYOR OF BIRMINGHAM, ALA.

Gentlemen:

During the past few months the City of Birmingham has had the pleasure of having the State Teachers Association, the Republican State Convention and the Medical Association of Alabama; but none have met here who are more welcome than the Tri-State Medical Society, which you gentlemen so ably represent here this morning.

As I am to be followed by a gentleman learned in law who will extend to you on behalf of the professions and another gentleman whom you doubtless all know and who is not only learned in materia medica, but politics as well, I feel that whatever I have to say should be brief.

Several months ago a minister said that in the City of Birmingham there were eighty lawyers, eighty saloons and eighty doctors. By comparison at the present time I find that there are 90 doctors, 100 saloons and 150 lawyers. Not being able to account for the great increase of lawyers over that of saloons and doctors I asked a sour and retired member of the legal fraternity to explain to me the cause of this increase. His answer was: "I know of no way of explaining it better than by saying that when a man was not able to own a saloon or graduate in the medical profession that there is nothing left for him but to take up the study of law."

While the city of Birmingham cannot boast that her population exceeds that of other cities in the States which compose this Tri-State Medical Society, our reasons are that we have not had time to extend our corporate limits as rapidly as we should have done or as extensively as our sister cities, namely, Memphis, Nashville and Atlanta. Ensley, a surburb of this city, is now considering whether it would rather become a part of Birmingham or Memphis; North Birmingham, another surburb, is trying to solve a similar problem as to whether it would rather become a part of Birmingham or Nashville, and East Lake and Gate City, also suburbs of Birmingham, now have the same question under consideration as to whether they will become a part Birmingham or Atlanta. As we expect to vote on this question within the next few months I am sure that all the suburban towns will agree to become a part of the city of Birmingham rather than to change or lessen the boundary lines of the good old State of Alabama.

During the past year this city has spent in erecting three new public schools, seventy-five thousand dollars, a city hall, two hundred thousand

dollars, and for permanent street improvements three hundred and fourteen thousand dollars, making a grand total for permanent improvements for the year 1901 of five hundred and eighty-nine thousand dollars.

During the present year our permanent street improvements will exceed that of any previous year in the history of our city. Our Street Railway Company will spend not less than seven hundred and fifty thousand dollars in the improvement of its property, which will make it one of the best systems anywhere in the United States.

Our County Sanitary Commission have let contracts for the construction of a sanitary sewer sufficient to unite Birmingham and all its suburban towns under one trunk sewage system, which when completed will cost not less than five hundred thousand dollars.

Our great increase in population is not due alone to the progressive merchants, the progressive bankers, the progressive financiers of the great corporations that have planted their millions in our city and district, for had it not been for the medical profession who never forgot to look after the health and sanitary condition at all times of our city and county, these investors would never have invested their millions in our city and district.

It is an honor as well as a pleasure to welcome the members of a profession to our city who have done so much for their fellowman--the only profession that has achieved a distinction of not only looking after those who are rich and illustrious, but enjoys the distinction of representing a profession that no man, matters not how ignorant, illiterate or poor, but that he can procure the services of one of your noble profession to care for him. As the chief executive of this magnificent and progressive city, I extend to you our most cordial greetings.

KOCH AND THE WORLD'S FAIR.

In a letter to Dr. Geo. Brown, of Atlanta, Secretary of the American Tuberculosis Congress, Dr. R. Koch, the eminent specialist, writes: "I have just received your letter and hasten to inform you that, in case the German government will officially take part in the Congress of Tuberculosis in St. Louis in 1904, appointing me as delegate, I would gladly come. In this case I would also with pleasure accept the nomination as vice president."—Ex.

Dr. Seale Harris was appointed a delegate to represent Alabama at this Congress at the recent meeting of the Tri-State Medical Society, held in this city. Dr. Harris is a close student, a careful observer, and we can safely expect a profitable report from him for publication in the Journal.

Selected Articles.

A NOTABLE IMPROVEMENT IN THE THERAPY OF TYPHOID FEVER.

The recent discovery, by Duval and Bassett, of the presence of the bacillus dysenteriae (Shiga) in forty cases of infantile summer diarrhea, awakens renewed interest in the subject of intestinal antisepsis. But a few months have elapsed since Drs. P. C. Freer and F. G. Novy, of the University of Michigan, demonstrated the enormous germicidal power of benzoyl-acetyl-peroxide, more familiarly known as Acetozone. Although the preliminary reports of these investigators were of necessity based upon results of laboratory experiments, their expectations are already being realized in clinical work, in the treatment of typhoid fever, particularly.

In the city of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The consensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patient, in all probability by controlling the toxemia.

Two Chicago practitioners, I. A. Abt, M.D., and E. Lackner, M.D., have thus far reported (Therapeutic Gazette, October, 1902) forty cases of typhoid, in children, treated with Acetozone, with but two deaths, a mortality of 5 per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great pyrexia on the fifth day. Stupor and tympanites were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in 37 cases, after beginning Acetozone treatment, was 13 1-2 days. The drug did not seem to act upon the heart or respiratory apparatus.

Early this year Eugene Wasdin, M.D., of the U. S. Marine Hospital Service, Buffalo, N. Y., reported 27 cases (American Medicine, Feb. 8, 1902), of typhoid fever, 24 of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat terminal expressions, with the

result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its most disagreeable features."

In a second paper, which appeared in the Therapeutic Gazette, for May 15, 1902, the same writer states that his patients were given from 1500 to 2000Cc. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. That this is not due wholly to the ingestion of large quantities of water, necessitated by the use of the saturated solution is evident from the author's assertion that the same result was observed when Acetozone was administered in capsules. The second influence to which attention is directed is the very pronounced decrease of the odor of the stools, while plate cultures from the dejecta showed comparatively few germs.

The deodorant and diuretic effects of Acetozone were also observed by G. H. Westinghouse, M.D., of Buffalo, (Buffalo Medical Journal, Aug., 1902) who used it in seven cases. This observer remarks that with the increased flow of urine "a corresponding reduction of typhoid symptoms followed, and tympanities and delirium disappeared." It should be remarked that the diagnosis in all these cases, as well as in most of those reported by the Chicago physicians, was confirmed by Widal's reaction and Ehrlich's test, and in some a blood-count was resorted to. Westinghouse concludes his paper by saying that "Acetozone, as an intestinal antiseptic is unequaled by anything I have ever employed. A complete subsidence of all the bowel symptoms followed in every case of typhoid within a few days after beginning its use. The application of the antiseptic consisted, in most cases, in simply allowing the patient to drink the saturated aqueous solution ad libitum; or, in other words, substituting this solution for all other liquids, and urging the patient to partake of it freely when the natural craving was not sufficient to insure the consumption of considerable quantities."

TREATMENT OF TYPHOID FEVER WITH CASTOR OIL.

By C. C. Bass, M.D.,

COLUMBIA, MISS.

It is proposed in this paper to call the attention of the Association to a treatment for typhoid fever which is at once old and new. The treatment is old in that castor oil has been administered for many years to relieve certain conditions as they arise in the course of the disease, it being often used to relieve tympanites, constipation and ac-

cumulation of undigested and hurtful food. Perhaps there are few physicians present who have not used castor oil at some time in the treatment of typhoid fever. It is the equivalent of the established limitative treatment, but it is a better choice of drugs. It is new in that castor oil has never been administered as an exclusive, or nearly exclusive, treatment. The quite considerable inquiry which I have made has failed to find the treatment suggested in this light, except in an article of my own published in the Mississippi Medical Record, April, 1902.

This paper will present briefly—first, the theory; second, the method; and third, the result of the treatment.

1. The Theory.—Typhoid fever is an acute, contagious, self-limited disease characterized by inflammation, necrosis and ulceration of Peyer's patches and the solitary glands of the small and large intestines. The cases are generally divided into three varieties—the abortive, the mild, and the severe forms. In the abortive forms there is no necrosis and no Peyer's patches. In this form the temperature reaches normal in the second week. This form seldom occurs in the section of the country where I practice. In the mild type, the temperature reaches normal in the third week, with slight elevations generally extending in the fourth week. The bowel lesions may be extensive, but healing is prompt. In the severe form the temperature ranges high. It may reach normal in the fourth week, but may not do so for a number of weeks longer. In the second or third week, the patient passes into a low adynamic condition characterized by dry tongue, sordes, delirium and muscular disturbances. It is also claimed that severe cases are those in which the absorption of toxins from the alimentary canal is extensive, and the elimination therefrom is defective. In the abortive cases there is seldom tympanites, in the mild ones very little; in the severe ones this is a prominent symptom. The more tympanites, the severer the case, and vice versa. Meteorism arises from two principal causes—first, increased fermentation, which takes place in the intestinal contents; and second, paralysis of the muscular coat resulting from toxemia. If the gases in the tympanitic are not themselves toxic, they, at least, increase the tension in the bowel and increase the absorption of the toxins and the germs that do exist in the canal. It is a firm conviction with me, that the serious nervous and muscular symptoms are, to a very great extent, if not altogether, due to the absorption from the intestinal canal of toxins. The results of the castor oil treatment prove this clearly enough, and, it seems to me, does it conclusively. Take any case of uncomplicated typhoid fever where the temperature ranges above 103° F., and give

a dose of castor oil every twelve hours, giving no other medicine at all, and the temperature will invariably be reduced in three days, and will generally be below 102° F., and always below 103° F. Any case with wild delirium will subside in the same length of time. The effects of the oil is confined to the bowel. It accomplishes what it does effect by eliminating from the bowel germs and toxins which would otherwise be absorbed. If sweeping germs and toxins out of the bowels, thereby preventing their absorption, diminishes these symptoms, then surely the absorption of these poisons must be the thing that causes them or aggravates them. The administration of antiseptics, such as have no effect on the nervous system, will generally accomplish the same thing. This is again evidence that the cause of the severe symptoms, or the cause of their severity, is the taking up of something from the alimentary canal. Therefore the theory is deduced that, the more of these gases, toxins and germs that are eliminated from the bowel, the milder will be the case. The thing, then, if this much of the theory is correct, is a drug which will eliminate these poisons from the bowel, and, at the same time, has no effect upon the general system, and will not spend the patient's strength. Castor oil is the medicine wanted. It goes through the bowel practically as a bolus, or en masse, and cleanses them more thoroughly than any other purgative, and it does not draw upon the system or any organ for its purgative property, but acts of itself, and is not absorbed to overload the already overburdened blood with abnormal substances. I feel myself justified amply in saying, after repeated and careful tests, that castor oil does not weaken or injure the patient, and that no other purgative known to me or used by me acts in the same way. In typhoid fever, digestion is very imperfect, and fermentation is excessive. We have in the alimentary canal, therefore, at all times, more or less fermenting and undigested food, which, of course, makes a bad application to the inflamed, necrosed, or ulcerated mucous membrane. Move this off often enough to prevent any accumulation of it, and protect the membrane with oil, and the inflamed spots will not be likely to pass to necrosis, and ulcers will heal more rapidly. The quantity of this fermenting and undigested food will thereby be lessened, and the case thus held to as mild a course as possible. If the ulcers are slow to heal, and the case runs a long course, the patient is not overburdened with toxins to exhaust him before they do heal and the fever subsides. Abortive cases will be kept abortive, mild cases made milder, and severe cases will be converted into mild ones.

1. The Medical.—Taking tympanites as my guide, my object was

to keep the bowels as free as may be of germs, toxins and fermentation. When I first began the use of the treatment, I gave one dose of castor oil every twenty-four hours. I found that, after giving a dose, tympanites was partially or wholly relieved, but that it usually began to return before time for the next dose. I also found that the typical typhoid odor of the stool, while perhaps it was partially relieved, was never altogether. I then began to give a dose every twelve hours, and found that in from one to three days these conditions were entirely removed, the stool was rid of the typhoid odor, and was as odorless as that of the healthy man. The presence or absence of the typical odor of the stool became at once another valuable guide in the treatment. These two results—first, the bowels free from tympanites; and second, a stool free from the odor, indicating a satisfactory condition of the canal, can be had by administering a dose of castor oil every twelve hours, but it cannot always be had by less than that.

A dose of castor oil is an indefinite quantity in the treatment of typhoid fever. It varies in different cases, and in different stages and conditions in the same case. It may vary from one to eight drams. Enough to act in three to five hours should be given, but not so much as to act more than twice. If the patient is seen in the first week, when constipation usually exists, the dose will be from two to four drams, but if in the second or third week, when diarrhoea is the rule, one to two drams will be the proper dose. After one or two doses have been given, it can be easily regulated. During the second and into the third week, the dose is about the same, but increases considerably during the last week in the bed. In abortive cases the dose is usually larger all through the course of the disease. The taste is very well disguised by giving it in a warm cup with a little boiled sweet milk.

3. Results.—The result of the treatment is about as follows: The temperature ranges lower; the tympanitis and delirium do not occur, and if they are present, they soon subside; diarrhoea and dysentery are prevented or checked if they already exist; the disease runs a milder course, and the patient does not lose flesh and strength so fast as they generally do under any other treatment. The last named result is its greatest advantage over any antiseptic treatment. The explanation is, that any antiseptic that is effective enough to prevent or materially retard fermentation and germ life will also prevent or generally retard digestion. Castor oil does not do this.

Up to the present time, I have treated thirty-two cases of typhoid fever with castor oil, and, except in a very few of these cases, in which I gave some other medicine to meet some special symptom, I gave nothing else. In order to be brief, I will report them collectively.

Thirteen cases were treated with one dose every twenty-four hours, and nineteen cases with one dose every twelve hours.

Three of the thirteen cases which were treated with a dose every twenty-four hours had a temperature above 103° F., delirium and tympanites when the treatment was begun. These symptoms sudsided in from three to five days. The temperature came down below 102 1-2° F. in from two to five days; after that they ran the same mild course that the other ten did. With the exception of one case for one day, and of the three cases in the beginning of the treatment, as just mentioned, the entire thirteen cases had a temperature during their entire course ranging below 102 1-2° F. Except as mentioned, of the three cases, delirium nor tympanites never occurred. Their temperature reached normal in from fifteen to twenty-six days, and there did not occur a single complication. Of these thirteen cases, four had diarrhoea and one had dysentery when the treatment was begun. In each instance, these symptoms were entirely absent within four days. Afterwards they continued as the other cases, having one or two actions after each dose of oil.

Of the nineteen cases treated with a dose every twelve hours, there were six cases with delirium, tympanites and a temperature above 103° F. when the treatment was begun. In all of them, those symptoms subsided within three days; the temperature coming below 102° F. There were three other cases in which tympanites was prominent, in which it also subsided. After the third day of the treatment, excepting only in four instances, the temperature in the nineteen cases ranged below 102° F. throughout the entire course. It is to be understood that of the fourteen instances referred to, may be one, may be two, may be three, would occur in a single case. The temperature reached normal in from twelve to twenty-one days from the beginning of the attack. In calculating the duration of the disease, I have not taken the date of taking the bed as the first day of the illness, as is sometimes done, but, in each case, inquired carefully as to the first day of the malaise headache, etc., even when there was no knowledge of the fever, and calculated from that date. One of the nineteen cases should have special mention. After a mild course, the temperature reached normal on the nineteenth day of the illness, and on the twentieth day began to rise again, and ran another course of twenty-three days, in which the temperature went above 102° F. several different times. Free hemorrhages occurred on the thirty-first day of the illness, and tympanitis followed administration of opium and withdrawal of the oil. Tympanitis promptly subsided when the oil treatment was resumed. In this case the treatment seemed to fail, the duration of

the disease and the hemorrhages considered. Six of these cases had diarrhoea when the treatment was begun, which invariably subsided in from one to three days. To sum up the nineteen cases, and leaving out the one specially mentioned, after the third day the temperature ranged below 102° F., tympanites and delirium were absent and the temperature reached normal in from twelve to twenty-one days from the beginning of the attack, making them all abortive or mild cases

It is true this is too small a number of cases to base positive conclusions on, but it is large enough to commend the treatment to us as worthy of further investigation.—Virginia Medical Semi-Monthly.

THE PREVENTIVE AND CURATIVE TREATMENT OF HAY FEVER.

It is difficult to conceive of a more miserable creature in all the world than the hay fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning in the materia medica that has not enjoyed an evanescent reputation as a useful remedy in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor and none had offered more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comsensation is experienced. The latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur, which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active industrious and useful member of society is completely incapaciated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to very many worthy people a change of scene is

out of the question. Naturally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug fort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescence. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the solution of adrenalin chloride should be used. This preparation is supplied in the strength of one part adrenalin chloride to one-thousand parts normal saline solution, and is preserved by the addition of 0.5 per cent. chlorentone. The 1-1000 solution should be diluted by the addition of four parts normal salt solution, and sprayed into the nares with a "Cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum, are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows, in a few moments. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that solution adrenalin chloride be administered internally in five to ten drops, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vasomotor paralysis, affecting the blood supply of the eyes, nose, face and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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Medical Education in the South and Some of the Hindrances to Progress.

The Southern Medical College Association which was organized some years ago for the purpose of advancing the cause of medical education in the South is just now passing through a transitient period in its history and it is hard to pedict what will be the ultimate outcome. It is interesting to note the many changes which are being made from time to time in its organic law. At each annual session amendments to the constitution are adopted and efforts are being made to keep pace with the progress of medical education in the North and East.

The objects of the Association, according to its constitution, are to cultivate closer and more intimate relations between Southern Medical Colleges; to discuss and perfect methods of teaching; and to elevate the standard of medical education by requiring a more thorough preliminary training and an increased length of time for medical study. The membership of the Association is composed of many of the leading medical colleges in the South and the Association has, we believe, accomplished much good, but it has failed in some particulars to meet all the demands of modern medical education It is a noteworthy fact that there are a number of colleges in the South, for reasons best known to themselves, who are not in affiliation with the Association and are free to do as they please. What will become of these independent schools and what standing they will have before the licensing boards is a problem which must soon be solved. The time is near at hand when all medical colleges, who desire to be considered reputable, must require a four years' course of six or seven months each in separate years and must be recognized as of good standing by the American College Association or the Southern College Association. The principal hindrance as we see it in the way of progress in medical education in the South is the sharp competition which necessarily exists on account of the multiplicity of colleges. There was a time when there were very few medical schools in the South, but now conditions have changed and we find one or more of these institutions in every city and even in some of the smaller towns. In the adjoining State of Tennessee there are nine medical colleges engaged in the work of adding to the already crowded ranks of the profession. The competition has become so great and at times so acrimonious that students are aware of the fact and expect and in many instances demand all sorts of inducements. They seek admission without proper educational qualifications and do not hesitate to ask for a reduction in the published rates of charges. The great difficulty seems to be that the southern colleges are poor and have no endowment. Most of them are proprietary schools and are dependent entirely for support and maintenance upon the tuition fees received from students. Without a full quota of matriculates many of these colleges would be forced to close their doors. For this reason the colleges have not and do not now live up to the letter and spirit of the constitution of the Association, and many flagrant violations have been noted from time to time. These violations, we learn, are chiefly with reference to the length of the course of study, giving advanced standing to those not entitled to it under the constitution, the attendance of two courses during the same calendar year, and admitting students at rates less than

those published in the catalogue. On account of the many violations of the rules of the Association there has developed among students attending southern colleges such wide-spread demoralization that we understand some of the schools find it next to impossible to comply with the requirements as promulgated by the Southern Colleges Association.

We learn that at the last session of the Association a new rule was adopted with reference to the admission of beneficiary students, limiting the number to twelve for each school. This we believe to be a move in the right direction and we hope it will be strictly enforced by all the colleges. We even go farther and say that no beneficiaries ought to be admitted and no scholarships awarded unless properly endowed. We hear that one of the colleges in the Association, an institution which has always boasted of its large classes, contemplates withdrawing from the Association on account of the rule which limits the number of beneficiaries. This institution has taken the position that the Association was not organized for the purpose of regulating tuition fees and the enforcement of such a rule will interfere with their financial arrangements. It seems to us that the colleges should take a high stand in this matter of fees and adhere strictly to the published rates of charges. No young man who has not the means to take a four years' course should be encouraged to begin the study of medicine. He should be made to understand that a first-class medical education is expensive and that he should be possessed not only of the proper educational qualifications, but he should also have sufficient funds to meet his expenses. Unless the colleges pursue this course they will soon lose the respect of the profession and the public and the time will soon come when diplomas awarded by those institutions who disregard the requirements of the American and Southern College Associations will not be recognized and such colleges will not be considered reputable.

We desire to call the attention of the southern colleges to the following recent ordinances passed by the State Medical Association of Alabama at the last session in April. The State Board of Censors in commenting upon the necessity for these ordinances, says:

"The attention of County Boards of Examiners is called to an existing rule which requires that in order to be eligible for examination by a County Board of Examiners, an applicant must be a graduate of a reputable medical college. It is feared that this rule is sometimes violated by accepting a mere statement on the part of the applicant that he is a graduate when such in reality is not the case."

To prevent such violation the following ordinance was unanimously adopted:

"That County Boards of Examiners shall in all cases demand the presentation of a diploma from a reputable medical college by an applicant before granting him an examination and that when a doubt exists as to the reputability of the college that granted the diploma presented, the Board shall refer the question to the State Board of Examiners for decision."

Upon the question of the reputability of medical colleges—by whom and how determined—the State Board of Censors says: "Believing it important to prescribe some standard by which the reputability of medical colleges is to be determined," the Board submits the following ordinance and recommends its adoption:

"That on and after the 1st day of July next, any medical college whose curriculum does not require attendance upon at least four (4) courses of instruction of not less than six months each, no two of which shall begin or end in the same calendar year or which is not recognized as of good standing by the American College Association or the Southern College Association, shall be deemed reputable by this body."

This ordinance was unanimously adopted and we call especial attention to it as we have reason to believe that many of the colleges in the South are openly violating the rules of both the American and Southern College Associations, and it is opportune time that the State Medical Association of Alabama, which has always advocated a high standard for admission to practice in the State, should establish some uniform standard. The tendency of the day on the part of the student, especially those who attend southern schools is to obtain a diploma in the shortest possible time and the temptation on the part of the colleges is great to disregard important rules.

The Place of Bacteriologic Diagnosis in Medicine.

On this important subject the Medical Review of Oct. 25th, contains the following editorial:

Aside from the ridicule of bacteriologic diagnosis which is probably due to ignorance and prejudice, fault is not infrequently found by clinicians who are neither ignorant nor prejudiced, but who have been grievously disappointed with bacteriologic methods.

This matter was discussed very sensibly before the British Medical Association by G. Sims Woodhead, professor of pathology in the University of Cambridge, (Brit. Med. Jour., Sept. 27, 1902). His remarks dealt particularly with diphtheria with which he has had a very considerable experience, extending over between two and three years, during which time he personally examined, or reviewed the examina-

tions of 27,128 cultivations, of which number 24,933, taken from 12,172 patients, were tabulated. Of the 12,172 cases sent into the hospital to be treated for diphtheria, many of them being subjected to repeated bacteriologic examination, 8,937, or 74.42 per cent. were found to have diphtheria bacilli in the throat, whilst in 3,235 cases, or 26.58 per cent. no bacilli could be demonstrated.

On many occasions swabs taken from nurses who have been attending diphtheria cases, but appeared to be perfectly healthy themselves, were sent to him for examination, and because he reported that diphtheria bacilli were found in the swabs, sarcastic notes as to the value of the examination were poured in upon him. We know, however, that diphtheria bacilli may, under certain conditions, be present in apparently healthy throats, the individual never manifesting a trace of local diphtherial mischief, but we also know that, should the general health of that individual be impaired or run down, or should conditions favorable to the outbreak of an attack of catarrh be developed, an attack of diphtheria will supervene almost as certainly as night follows day.

Further, a number of the cases that came under his notice, in which the clinical history undoubtedly pointed to an attack of true diphtheria, but in which no diphtheria bacilli could be demonstrated, were those of children of tender years, from whom it appears to be an exceedingly difficult matter to obtain satisfactory swabs, especially where the disease is confined to the trachea. Even in patients of more mature years the membranes situated in this position are often inaccessible. One is not astonished, therefore, in such cases, to obtain negative results. Moreover, in a certain proportion of cases the diphtheria bacillus appears to maintain its position on the surface of the false membrane and in the mucus of the fauces for a comparatively short period, especially where certain other organisms are present in large numbers; in such cases one is unable to find the diphtheria bacillus in the cultivations.

Woodhead was often struck by the fact that the cultures taken from patients in extremis, or after death, where death has undoubtedly been due to diphtheria, gave no evidence of the presence of the diphtheria bacillus. Other organisms, often in very great numbers, were found, but as far as the diphtheria bacillus was concerned, search proved fruitless. The diphtheria bacillus after doing its work appears to have been ousted from its position on the surface of the mucous membrane by the numerous putrefactive and other organisms that, as death approaches, make their appearance in the mouth. In regard to such cases, especially in those that have been examined post mortem, Wood-

head was frequently misled by this condition, which accounts for a certain proportion of the differences that have arisen between the clinical observer and the bacteriologist.

The necessity for repeated examination is shown by the fact that, although in a certain percentage of cases no diphtheria bacilli were found at the first examination, they were demonstrated at subsequent examinations in no fewer than 607 cases or 6.7 per cent. of the whole; whilst in sixty-six cases a negative bacteriologic diagnosis was not only preceded but followed by examinations in which the bacilli were present, and in 131 cases a positive diagnosis was preceded by, and then succeeded by, a negative diagnosis.

Woodhead observed that as the typical long form of the bacillus was departed from, the mortality gradually falls away. Where the long bacillus occurred the mortality was 21.4 per cent.; when the long form was mixed up with the short bacilli the mortality was 20.1 per cent.; with short and irregular forms 18.6 per cent., and with irregular forms only 14.6 per cent.

On a careful examination of the material collected from these examinations Woodhead is satisfied that if the conditions under which bacteriologic examinations are made and the limitations unavoidably associated with these conditions are borne in mind, the value of these examinations is as a rule under estimated rather than over estimated. He makes the oft-repeated plea that bacteriologists and clinicians work together and thus reduce the errors of diagnosis to a minimum.

Proprietary Preparations and the Medical Journals.

For the last few years, concurrently with the astounding multiplication of proprietary medicinal preparations, the feeling has been growing among the reputable medical journals that attempts were often made to "work" them in the interest of certain manufacturers and importers of such preparations, and at the present time one of the most difficult of the problems that confront the managers of medical journals is that of dealing with articles in which these products are more or less lauded. So great is the difficulty that the Lancett was recently moved to express itself in the following words: "Our experience proves that it is becoming almost impossible to admit articles in the columns of the Lancet from the pens of general practitioners and others dealing with the results of their therapeutical investigations into the value of new preparations, because all the favorable passages will at once be pounced upon by the enterprising purveyor, perhaps garbled, almost certainly dissociated from their context, and scattered broadcast over the land. We are thus, perhaps,

prevented, and by the very people who would profit by the publicity, from putting before our readers papers the practical value of which may be great. The public, the medical profession, and the purveyors alike suffer. The only way to remedy the position is not a satisfactory one, but it is one to which we must have recourse." Quoting the foregoing words from the Lancet, one of our Philadelphia contemporaries, American Medicine remarks that the evil complained of is worse in our own country than in England. "It strikes us," says the Philadelphia Journal, "that the chief sufferer is the manufacturer of good products who will not push them by dishonest methods. It is true that the honest manufacturer can trust to the profession righting him in time, but some means should be devised to prevent the dishonest from reaping possible immediate benefits. Are conditions reaching such a state that because of the abuses by certain advertisers all mention of proprietary preparations must be interdicted by reputable medical journals?"

It will be seen that neither of our contemporaries is quite satisfied with the position taken, regarding it perhaps as of the nature of a modus vivendi. The condition certainly is anomalous. On the one hand, the journal that rigidly bars out all mention of proprietaries runs the risk of withholding from its readers certain therapeutical information that would be of real value to them; on the other hand, the journal that admits articles recording good results attained with any new preparation of the sort lays itself open to the suspicion of having been influenced by the proprietor of the preparation or of having been duped by one of the multitudinous members of the profession who furnish "write-ups" for a consideration. There are some proprietary preparations that seem to have "won their spurs," so to speak—that is to say, they have come into general use and met with general approval. It is almost impossible to conduct a medical journal in disregard of such products, and it may be seriously questioned if it is wise to attempt to do so. But there is no sharp line of distinction between these preparations and those that, although possibly meritorious, have not yet stood the test of time and experience required to establish their true status. It is both unfair and useless to set up an arbitrary standard by which one may determine a priori whether a new preparation is "ethical" or not. To range the "definite chemical compound" invariably with the sheep, and the "mere mixture" with the goats, for example, is illusory; the "mere mixture" figures too conspicuously in our official formularies to justify us in any other conclusion.

To guard its own reputation, the medical journal must either pur-

sue the Lancet's implied policy, admitted to be unsatisfactory, or else settle the question for itself in each individual instance as it comes up, and do so on principles which it may find difficulty in elucidating to the satisfaction of everybody concerned. On one point, we think, every fair-minded journal will agree with us, and that is that never should an article be admitted with regard to which there is reasonable ground for suspecting collusion between the author and the proprietor of the preparation. We will go further and take the ground that whenever there is doubt on this point, the article had better be declined. At all events, our experience points in that direction; in a few instances, in common, we venture to say, with most of our contemporaries, we have regretted having given the author the benefit of the doubt, but we have never had occasion to regret the opposite decision. For a long time now, under proper circumstances, we have sent out printed "Hints to Contributors." One of the paragraphs of those hints reads as follows: "Manuscripts bearing the faintest semblance of having been prepared in the interest of any proprietary preparation, also those (whatever their intrinsic merits may be) that reach us through any trade channel, will invariably be declined. In case they are, by an oversight or on misinformation, accepted, their acceptance will be cancelled and their publication declined." Further than this it seems difficult to form any general rule, always excepting the plain but unsatisfactory one of rigid exclusion.

We have long felt that this whole question ought not to burden the journals solely or so predominantly as it does. It seems to us that the medical societies should bear their part of the onus. Far from doing so, they seem to have carried toleration to the point of dangerous laxity. Meetings of even the most dignified of our societies have at times not wholly escaped the suspicion of having been exploited by the touters for some medicinal or dietetic preparation, and it is certain that papers are often read before them which a reputable medical journal would hesitate to publish. The extreme censoriousness of twenty years ago appears to have given place to license, but it may not be too much to hope that the pendulum will ere long mark the happy medium.—Editorial in New York Medical Journal.

Then and Now.

It has been our custom to publish as far as possible all papers read before the Medical Association of the State of Alabama since this Journal was selected as the official organ of the Association, regardless of their publication in the transactions or in other medical Journals, and our course has been approved. We are, however, a little

surprised to note objection in the last month's issue of our worthy contemporary, the Mobile Medical and Surgical Journal. The editor makes the following criticism of our course:

"It may be urged that the Alabama Journal is the official organ of the Medical Association of the State of Alabama, and as these papers were read before the Association at its last meeting, the editor of said Journal was entitled to publish them. We deny the validity of such an argument since no provision has ever been made by the Association whereby its official organ has been invested with such a privilege."

It is not our purpose to argue the merits of the question, but we would like to be informed as to just what the gentleman (the editor of the Mobile Medical and Surgical Journal), had in mind when he introduced the resolution four or five years ago making this Journal the official organ of the State Medical Association after he had been a reader of this Journal for eight or nine years and must have been fully acquainted with the course and policy of the Journal.

The Maltine Company's Prize.

The two prizes of a thousand dollars and five hundred dollars which this company offered last January for the best essays on "Preventive Medicine" have been awarded by the judges, Dr. Lewis, of New York, Dr. Reed, of Cincinnati, and Dr. Rhodes, of Chicago, who met for a final consultation in Buffalo.

Two hundred and nine essays were submitted in competition, and although nearly every State in the Union was represented in the contest both prizes were won by Philadelphia men.

The thousand dollar prize was awarded to Dr. W. Wayne Babcock, 3302 North Broad Street, Philadelphia. His essay is entitled "The General Principles of Preventive Medicine," and was submitted under the nom-de-plume "Alexine."

The five hundred dollar prize was awarded to Dr. Lewis S. Somers, 3554 North Broad Street, Philadelphia. His essay is entitled "The Medical Inspection of Schools—a Problem in Preventive Medicine," and was submitted under the nom-de-plume "Broad."

The two successful essays will first be published in representative medical journals, and then in permanent form for gratuitous distribution to the profession at large.

The following tabulation will undoubtedly prove of interest. It

shows how the various sections of the country were represented in the competition:

Alaska	1	Montana	2
Arkansas	1	Nebraska	2
California	6	New Hampshire	1
Colorado	4	New Jersey	4
Connecticut	5	New York	22
District of Columbia	3	North Carolina	1
Florida	5	Ohio	11
Georgia	5	Oregon	1
Illinois	15	Pennsylvania	25
Indiana	11	Rhode Island	1
Iowa	8	South Carolina	2
Kansas	2	Tennessee	1
Kentucky	3	Texas	2
Louisiana	2	Vermont	1
Maine	4	Virginia	1
Maryland	2	Washington	3
Massachusetts	12	West Virginia	2
Michigan	7	Wisconsin	10
Minnesota	7	Ontario	2
Mississippi	1	New Brunswick	1
Missouri	5	Unidentified	5

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The following is the report of the committee:

Buffalo, Oct. 18, 1902.

To the Maltine Company, New York:

Gentlemen: Your committee selected to award the two prizes offered by your firm for essays on Protective Medicine, or some subject connected therewith, begs leave to report that the large number offered in the competition (being two hundred and nine in all), and the general high grade of their excellence, has made the matter of selection very difficult. After critical examination and mature deliberation, however, your committee has awarded:

The first prize to the essay entitled "The General Principles of Preventive Medicine," signed "Alexine."

The second prize to the essay entitled "The Medical Inspection of Schools, a Problem in Preventive Medicine," signed "Broad."

In submitting this report the committee congratulates you upon the wide spread interest which you have aroused in the very important subject of Preventive Medicine, and it congratulates the medical pro-

fession and the public upon the great good that will follow the publication of the valuable addition to literature thus evoked by your enterprise.

Respectfully submitted,

John Edwin Rhodes,
Daniel Lewis,
Charles A. L. Reed,
Committee.

In Memoriam.

The committee appointed by the Conecuh County Medical Society to prepare a memorial on the death of Dr. Charles T. Taliaferro, report the following preamble and resolutions:

Whereas, The great Dispenser has removed from the scenes of his earthly labors, and usefulness a member of this Society, and our co-laborer; therefore, be it

Resolved, first, That we bear grateful testimony to the interest he manifested in the prosperity of our Society, though engaged in the business of Pharmacy, he having retired from the practice of medicine.

Second, That we acknowledge our indebtedness to him for his co-operation, and judicious counsels in the fulfillment of our mission, as an organized County Medical Society of the State.

Third, That his life and character being entitled to our highest admiration, we will cherish an affectionate remembrance of his remarkable kind and attractive qualities of mind and heart, he having been a conscientious physician, a scrupulous man of business, a patriotic citizen, exhibiting an amiable, benevolent heart, inflexible integrity, and unvarying devotion to duty, rendering himself everywhere beloved and esteemed.

Fourth, That we deeply sympathize with the bereaved family, and feel the consciousness of a great loss sustained.

Fifth, That in token of our sorrow and condolence with the family of the deceased, a copy of these proceedings be sent to them, also that the above preamble and resolutions be published in our local newspapers, and the Alabama and Mobile Medical Journals.

A. A. McKittrick,
Andrew Jay,
W. F. Betts,
Committee.

BACCELLI ON MALARIA WITHOUT HEMATOZOA TO BE FOUND IN THE BLOOD

In a recent address Baccelli observed that the theory in regard to mechanical injury caused by malaria germs is untenable. Severe malarial fevers frequently occur in which it is impossible to discover the hematozoa in the blood in the first few days. In other cases they appear, but in such scanty numbers that there can be no connection between the quantity of the germs and the severity of the symptoms. The parasites may also exist in the blood in large numbers, but if they have not attained the phase of sporulation or segmentation they are not febrogenic per se. One can die of malarial infection without the familiar forms of the hematozoon being found in the blood. He knew a young privat docent who was working in a laboratory with several professors whose names are famous. The young man was seized with a subcontinuous fever, but as his blood was constantly free from any trace of hematozoa the hyperscientific professors attributed his illness to anything rather than to malaria and he was progressing from bad to worse until an outside friend insisted on his taking quinin and he was promptly restored to health. Golgi denied the possibility of such cases, but Baccelli succeeded in convincing him by numerous examples that patients will die of malaria, with no hematozoa in the blood, if they are not given quinin. Golgi in a recent letter confessed that the "clinic had conquered the theorist." The clinicians of today cannot be made to believe that malaria is contracted exclusively from mosquito bites, Baccelli observes. Both he at Rome and Gerhardt at Berlin have reproduced malaria in a healthy subject by inoculating him with blood from a malarial patient, even to the special types of the malarial fever. Mosquitoes had nothing to do with these experiments. The intravenous application of quinin is now in current use in Italy. Baccelli reported in 1900 30 cases of pernicious malaria all cured by this means. Five died out of sixteen treated by subcutaneous injection of the quinin.—Journal American Medical Association.

A DISCLAIMER BY DR. WYETH.

Dr. John A. Wyeth, of this city, writes: "A report has been widely disseminated through the secular press that I made a statement to some newspaper reporters that Professor William H. Welch had claimed the discovery of a universal virus or remedy which would immunize the human race from all forms of infection. No such claim was made by Professor Welch, nor has such statement been authorized by me."—Ex.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Sixteenth annual session opens November 3, 1902, and closes May 30, 1903. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address New Orleans Polyclinic, Post-office box 797, New Orleans, La.

It is stated that it is a common custom in Java to overcome insomnia by pressure on the carotid artery. Not only is this practiced in Java, but it is a common practice in India, and it will be remembered that Rudyard Kipling's Kim was put to sleep in this way. The carotid is said to have been known to the ancients as the "arteria soporifera," while in Russia it is called the artery of sleep.—The Chicago Clinic.

The Southern Surgical and Gynecological Association convenes in the city of Cincinnati today, Nov. 11th, and will be in session three days. Our fellow townsman, Dr. W. E. B. Davis is President of the session. The program has been sent out, which includes thirty-six papers by the leading gynecologists of the country. The meeting promises to be one of unusual interest. We will have more to say of this meeting in a future issue of the Journal.

Prof. Hobart A. Hare in his recent text book on Therapeutics, says: "If a census could be taken of those who die from the use of impure or weak drugs the figures would be appalling." This statement clearly emphasizes the advisability of using remedies manufactured by reliable firms and not substitutes. For eighteen years Micajah's Medicated Uterine Wafers have stood the test as a satisfactory treatment in diseases of women, such as Leucorrhea, Endometritis, Vaginitis, Gonorrhea, etc., and if your patient does not experience the usual good results from a supposed Micajah Wafer she is in all probability using a substitute and not the genuine article.

The Tri-State Medical Society of Alabama, Georgia and Tennessee met in Birmingham, October 7, 8 and 9. There were about one hundred and fifty members present. The papers were numerous and meritorious, and were freely discussed.

The Atlanta members who attended the meeting were enthusiastic in their praise of the cordial welcome and pleasant treatment accorded them by the profession at Birmingham. Much of the success of the social side of the gathering was due to the efforts of Dr. Geo. Stubbs, well remembered as a former resident of Atlanta, and of Dr. R. C. Bankston. The officers elected for the ensuing year are: Dr. Michael Hoke, of Atlanta, President; Dr. Lewis C. Morris, of Birmingham, First Vice-President; Dr. W. L. Nolan, of Chattanooga, Second Vice-President; Dr. Pete, of Georgia, Third Vice-President. The next meeting will be held at Atlanta, October, 1903, when we hope to have the opportunity of entertaining the society in a manner befitting.—Atlanta Journal-Record of Medicine.

Australians hold the world's record as tea drinkers, consuming 7 1-2 pounds a head yearly. New Zealanders drink 7 1-4 pounds.

The Ninth International Congress against the abuse of alcohol will be held at Brussels, April 14 to 19, 1903. For particulars address Dr. Delbrueck, 127 Humboldtsstrasse, Bremen.

A woman, sixty-five years old, recently gave birth in a New Jersey town, to a healthy girl. The woman's husband is seventy years old, though both are said to be young for their years, and the couple had passed forty years in childless wedlock.

There are about 2,500 hospitals and asylums in the United States These give employment to 65,000 people and pay over $23,000,000 in salaries. They have 300,000 beds, are attended by 37,000 physicians, and treat over 1,000,000 patients during the year.

A scientist recently converted a certain quantity of liquid air into a small solid mass and on examining it found that it was as transparent as clear ice and as elastic as rubber. To test its elasticity he struck it with a hammer and the latter immediately rebounded.

Portes and Desmoulieres have succeeded in isolating crystalized salicylic acid from strawberries. The Gaz. Med. Belge of March 13th, mentions this curious fact, and observes that it is important in the study of adulterating substances in preserves, syrups, etc., containing strawberries.

It is stated that Dr. Frederick G. Novy, of the Medical Department of the University of Michigan, will go to India, at the request of the British Government, where experiments will be made with his new intestinal antiseptic, benzoyl-acetyl-peroxid (acetozone), in the treatment of cholera and plague.

Sidney Phillips, Lancet, Feb. 22, 1902, reports ten cases of epistaxis occurring in children suffering with rheumatism. Of the cases cited

eight were girls. In the majority of cases relief was sought for the epistaxis, the evidences of rheumatism having been overlooked or ignored. In every case the administration of salicylates effected a cure.

According to official figures the city has a decided advantage over the rural districts in the matter of human longevity. The average age reached in the city is 38.2 years and in the country 31.1. There the urban has an advantage of 7.1 years over the suburban. The advantage of pure air in the country is apparently more than offset by sanitary and food advantages in the city.

Wiesbaden, brought into prominence by the German Medical Congress holding its recent annual meeting there, presents conditions worthy of imitation. The streets, which are all asphalted or paved with wood, are well flushed with water and swept after midnight, and by this means dirt and refuse are effectually prevented and in consequence the buildings retain their snow-white appearance, the air its purity, and the foliage of the trees its freshness.

When a steam bath is indicated in country practice it is easily and satisfactorily given, says the Medical Summary, by boiling a dozen or more ears of corn, taking them from the water while boiling, wrapping in cloths moistened in hot water and packing them as close to the patient as possible. Keep him closely covered, and a few moments will bring the most profuse perspiration you ever saw.—The above items from the New York Medical Times.

The third annual meeting of the American Roentgen Ray Society will be held in Chicago Dec. 10th and 11th. The sessions of the Society, as well as the exhibits, will be held in the Sherman House, Randolph and Clark Streets.

The rapid evolution in Roentgen Ray therapy, as well as the technical improvements in apparatus within the past year, make this meeting of unusual interest and importance.

After the travail of its birth and hardships of its infancy, the Society is surely establishing itself on a sound ethical basis and has every prospect of a useful and prosperous future.

The local committee of arrangements, with Dr. Ralph R. Campbell as Chairman, is made up of some of Chicago's foremost and best-known men, whose names are a guarantee of the sound basis on which this meeting will be held.

Owing to the fact that papers which are to be read at this meeting have to be submitted to the Executive Committee for endorsement before being placed on the program, it is found impossible this year to issue a preliminary program, but assurance is given that the names

which will appear on the program are of the best X-ray workers in the country and that the matter will be unexceptionable.

It is earnestly urged that those who recognize the importance of the X-ray, for both diagnostic and therapeutic purposes, will contribute to the success of the meeting by their presence.

A one and one-third rate fare has already been granted by the Central Passenger Association, the Eastern Passenger Association, the Western Association, and the Southern Passenger Association, provided that 100 persons buy tickets on this plan. Many more than this number are expected. A charge of twenty-five cents will be made for viseing certificates by the railroad representative.

Owing to the very full program of about twenty excellent papers which have been secured, the convention will be called to order promptly at 9:30 a. m., Dec. 10th.

Engage your room in advance, so that all can be together at the Sherman House, if possible.

Ask the agent at starting point for a standard certificate, not simply a receipt; this certificate, when properly certified at Chicago, will secure a non-transferable return ticket for a one-third fare.

James B. Bullitt, Secretary.

Western A. Price, Chairman Executive Committee.

TREATMENT OF ACCIDENTS UNDER CHLOROFORM.

In the course of an editorial on this subject the Medical Press of Sept. 3, 1901, says that the indications for treating such accidents are three fold—to remove the anesthetic-laden air from the lungs, to encourage the flow of blood to the nerve centers, and to stimulate the circulation and respiration. The various methods which are used to attain these ends Mr. Wilson groups into five classes: (1) External reflex respiratory stimulants; (2) direct mechanical or electrical stimulation of the heart; (3) the mechanical performance of natural functions such as artificial respiration; (4) mechanical measures designed to counteract the effects of the failure of the circulation by raising the general blood-pressure; (5) drugs administered to stimulate the depressed nerve centers. Of the first group, the best that can be said is that they do no harm unless persevered in to the detriment of more important measures, and of the second, that they are either impracticable or positively harmful. Faradic stimulation of the precordial area, if any of the current reaches the heart, probably inhibits its action. Acupuncture of the heart is equally useless, and direct manipulation of the heart, after opening the heart-chest, is a remedy which requires more evidence of its utility before it can be recommended.

Mr. Wilson believes that as good, if not better, results can be obtained by intermittent pressure on the chest wall, accompanied by alternately raising and lowering the patient so as to empty and fill the heart. The difficult question has first to be decided whether the circulatory failure is the result of paralytic dilatation of the heart, or of paralysis of the vasomotor mechanism.

The methods of treatment suitable for each of these cases are absolutely antagonistic, and it is by no means easy to say which is the cause in any given case. It would appear that sudden failure of the circulation, accompanied by pallor of the face and accelerated or gasping respirations, denotes vasomotor paralysis and requires inversion of the patient, with pressure on the abdomen. On the other hand, if the dangerous symptoms are preceded by struggling, and the face is suffused with signs of venous engorgement, the patient should be alternately raised to nearly the vertical position in order to empty the heart, and then returned to the horizontal position. Artificial respiration should be systematically persevered in each case. If there is actual failure of the circulation little that is useful can be done by efforts to raise the blood-pressure by such means as transfusion, etc. The same objection also applies to the use of drugs. Where there is failure of the respiration or circulation the difficulty is to get the drug to the nerve center which it is to stimulate. In those cases in which this can be effected hypodermic injections of strychnine and the extract of suprarenal capsule, with inhalation of ether, are probably the most useful.—The Therapeutic Gazette.

THE NEGRO AS AN INDUSTRIAL INSURANCE RISK.

The Spectator for Sept. 11 and 18, 1902, contains an article by Frederick L. Hoffman, statistician of the Prudential Insurance Company of America, with the above title. The article renders it evident that legislation requiring equal premium rates for whites and blacks is unjust; only less unjust than would be a law requiring no discrimination in rates on account of difference in age. Massachusetts, Connecticut, Ohio, New York, Michigan, New Jersey and Minnesota now have such laws. Sentiment and political exigencies apart, the whole question evidently comes down to this: Do whites and blacks, as a matter of fact, exhibit, at equal ages, a difference in longevity? The author shows from the figures of the Census of 1900 that in the "registration area" (States and cities which register accurate statistics) the difference in mortality is marked. Thus, assuming the mortality for the whites as unity, and combining his first two tables, we get the following ratios for the mortality of the negro:

Ages.	Males.	Females.
0— 4	2.35	2.44
5—14	2.19	2.55
15—24	2.77	2.57
25—34	2.02	1.93
35—44	1.79	2.02
45—64	1.64	1.77
65	1.32	1.22

A second interesting comparison is that by diseases, which, the same plan being used, yields the following ratios:

Malarial fevers	9.72
Typhoid	2.08
Influenza	1.36
Diarrhoeal disease	1.65
Consumption	2.80
Pneumonia	1.92
Nervous diseases	1.44
Heart disease and dropsy	1.61
Urinary disease	1.58
Cancer, tumor	0.72
Liver disease	0.92

If these were not the Census figures over a wide area, one might wonder at the first item. Certainly it reverses former ideas, that the negro was less susceptible to malarial disease. All this shows the inutility of such legislation as that of which Mr. Hoffman complains. It does more—it shows its futility, for naturally the life insurance companies simply cease to bid for such risks. This settles the evil partially, at any rate, as far as the companies are concerned, but it practically leaves the negro out of the manifold benefits offered today by life insurance. But then, this is the age of sentimental legislation.

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

The sixteenth annual session adjourned yesterday, Nov. 13th, after a very interesting and profitable meeting. Dr. J. W. Bovee, of Washington City, was elected president for the ensuing year. The next meeting will be held in the city of Birmingham, Tuesday, Wednesday and Thursday, just before the Christmas holidays.

Dr. J. D. S. Davis was selected as Chairman of Committee of Arrangements. Drs. W. P. McAdory, L. C. Morris and W. M.

Jordan, all of Birmingham, were elected members of the Association. Dr. Mack Rogers, of this city, read a very interesting paper on "Stone in the Kidney."

The Association appropriated $2,000 to be used in building a ward in a charity hospital in the city of Birmingham. This was done out of consideration of the fact that the Association was organized in this city, and that Dr. W. E. B. Davis, of Birmingham, had served the Association for a number of years as secretary without compensation.

The local physicians who attended the meeting are lavish in their praise of the hospitality shown them by the physicians of the Queen City of the West.

THE NECESSITY FOR EXHAUSTIVE PHYSICAL EXAMINATIONS.

The majority of the cases met with in hospitals and institutions devoted to the treatment of all pathological conditions, both acute and chronic, have been, and probably always will be, those which have been treated by almost every known form of treatment, scientific and empirical, before entering the institutions. These patients, as a rule, have tried many original treatments, advised by able practitioners and surgeons, and not infrequently I find that they have exhausted the whole list of isms, pathies, specialists, etc. We notice the favorable and unfavorable effect of these varied experiences on our patients. The unfavorable effect is usually experienced by the patient in the event of his having encountered dishonest, incompetent, and temporary symptom-relieving individuals. Whether the effect of our patient's experiences with ourselves is favorable or unfavorable, depends not only upon the real merits of our treatment, but also upon our methods of diagnosis and prognosis.

With the ideas gleaned from these various services such patients become conversant with many interpretations of their symptoms. They are cognizant of the superficial methods which have been produced by some of the physicians or specialists whom they have met, and they thus become appreciative of the thoroughness of that diagnostician whose conscientiousness and ability permit him to find, so far as possible, the condition of every organ and function in the body. Therefore, if we make an exhaustive and intelligent functional examination as well as a subjective investigation, we are frequently greatly helped by the previous experiences of our patient. Nothing inspires a patient with confidence so much as honest thoroughness and intelligence on the part of the practitioner.

The most successful physician is the one who has the ability to demonstrate to every patient coming under his care the fact that he investigates the structural functional condition of every organ and

tissue in the patient's anatomy, and if he does not understand his findings, will candidly say so, and explain the obscure character of the objective and subjective symptoms. The functional examination which enables you to start treatment properly must be frequently repeated in order that you may understand it correctly. Furthermore, if you do not repeat your examination, the patient will, although he may be convinced that you are capable, also believe that you are very negligent and not properly interested in his case. It is true that the diagnosis consists of much more than a mere naming of the disease. Physicians are especially liable to be incomplete in their examination when the symptoms of a certain disease predominate; also when they have at hand a remedy such as bovinine, which has an unlimited field of usefulness. Admitting that the bovinine will at least benefit or cure many chronic diseases, in which all other forms of scientific treatment have failed the tendency grows on many of the profession to relax their diagnostic vigilance, and place too much responsibility upon the shoulders of the most useful of all remedies which medical science has brought to a perfect state.

Physicians who have practiced in large hospitals, institutions, or clinics, are confronted with cases referred by able practitioners, which have been improperly examined. Not because the physician in many cases did not know, but because he did not carefully study his case. Every case that comes under the physician's care is worth looking at and looking at well. No physician should be too busy to make a thorough examination of his cases. If individually he has not the time, a competent assistant had better be employed so that he might refer the surplus to him. In doing this he can be honest to himself and patient. In this advanced age, with all the great methods and means at our disposal, there is absolutely no excuse for careless and lazy diagnosticians. The absurd term "a natural born physician" is a relic of the dark ages, and treatment by intuition and imagination are absurd, and about as useful in diagnosis as the absent treatment in therapeutics. The doctor using bovinine, or indeed the doctor using any other medication, will get the best results who spends the time necessary to make a complete functional exploration, and uses the methods for investigation of substances taken from the body which have been furnished him by advanced medical research. The most common error with a good many physicians is that they treat the disease without treating the patient. In instances where there is a severe ulceration of the leg, it of course requires local dressings, and in a case of this kind so many physicians stop here. They do not look at the patient's general condition, which requires just as much attention as the dressing of the sore. Often it is a constitutional condition which produces the local condition.—T. J. Biggs, M,D., in Gaillard's Medical Journal.

Abstracts.

State Board of Medical Examiners.

The Journal of the American Medical Association has the following to say in regard to the questions in pathology given out by the Board of Medical Examiners for the State of California:

UNFAIR TESTS.

"It is a pity that a good law should ever be enforced in such a way as to do injustice, but that sometimes happens. Apparently a case of this kind is made against the California State Examining Board by the Pacific Medical Journal. It criticises especially the questions on pathology, taking exceptions to those asking a definition of cryoscopy and for the characteristic lesions of Hanot's cirrhosis. Neither of these questions is exactly fair as testing a practitioner's qualifications. Cryoscopy is a word not found in quite recent medical literature, and Hanot's cirrhosis is a name only occasionally applied to hypertrophic cirrhosis of the liver. In neither case could it be fairly expected that any but one constantly posted in the most recent periodical literature would be able readily to answer these questions, and any one rejected for failure to do so would justly have a grievance. If, as our contemporary claims, some were rejected for such failure, the decision ought to be revised. If, moreover, all failed on these particular questions except a few special students of one school, as our contemporary says was the case, it has a worse appearance. It is unfortunate that the examination is open to this particular criticism, as, from the published questions, in all other respects it seemed to have been eminently fair. Such unfortunate occurrences furnish weapons for those who would abolish State practice acts and go back to the evils that have existed. Our medical examining boards ought to have a specially critical eye on themselves and forestall all such possibilities."—Pacific Journal.

Blood Poisons.

The various drugs which have a deleterious effect upon the blood may be conveniently divided into six classes. The first comprises the agglutinins, which act by changing the physical conditions of the red blood-cells so that they adhere to each other and thus occlude the vessels; ricin and abrin are the two best known examples. Haemolysins

form the second group; these dissolve out the haemoglobin which deposits in the liver and kidneys, while the stromata of the cells form multiple capillary emboli; arsenureted hydrogen, phallin, helvellic and quillajic acids, senegin, sapotoxin, and solanin belong to this group. Potassium chlorate, pyrogallic acid, and chrysarobin constitute the third class, which is characterized by the formation of methaemoglobin. Hydrocyanic acid and carbon monoxide belong to the fourth, in which special haemoglobin compounds are formed. Fifteen metals are capable of entering into union with haemoglobin, thus giving rise to the fifth group, while the sixth is made up of substances such as phenylhydrazin and aniline, which are capable of producing partial necrosis of the erythrocytes. The effects of the metals on the blood studied as revealed by the microscope. Granular degeneration of the red cells was present to a marked degree in all animals, and in those with nucleated red cells it could be seen that the process was really a disintegration of the nucleus within the cell or after extrusion. In mammals, however, normoblasts seemed to play no part in the process. It is probable that the granules represent metallic haemoglobin compounds. A. Keil (Archives Internationale de Pharmacie et de Therapie, vol. x, p. 121, 1902; American Journal of the Medical Sciences, September, 1902).

Cocaine as a Thermogenic.

The rise of temperature caused by cocaine is due to an increase of heat-production, and the latter depends upon two actions: one, of the cortex, causing motor excitement, and the other upon the caudate thermogenic center, by which heat is produced independently of motor activity. Cocaine possesses very little power as a thermogenic in animals lightly curarized, because of both the motor quietude and the depression of some other portion of the thermogenic apparatus. It is absolutely without thermogenic power in animals in which the pathways of thermogenic and cortico-spinal motor fibers have been cut, as after section of the spinal cord at its junction with the bulb and of the crura cerebri. Cocaine is effective as a thermogenic when only a small portion of the caudate center is left intact with the parts below. Cocaine and morphine are direct antagonists in their actions upon the caudate and cortical centers which are directly or indirectly involved in the changes of temperature and heat-production. E. T. Reichert (Philadelphia Medical Journal, Aug. 2, 1902).

THE AMERICAN TEXT-BOOK OF OBSTETRICS.

Second Edition, Thoroughly Revised and Enlarged.

THE AMERICAN TEXT-BOOK OF OBSTETRICS. In two volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M.D. Second Edition, Thoroughly Revised and Enlarged. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. Per 1 vol. Cloth, $3.50 net; Sheep or Half Morocco, $4.00 net.

This is a work for the student and practitioner alike. It makes clear those departments of obstetrics that are at once so important and usually so obscure to the medical student. The obstetric emergencies, the mechanics of normal and abnormal labor, and the various manipulations required in obstetric surgery are all described in detail, and elucidated with numerous practical illustrations.

Since the appearance of the first edition many important advances have been made in the science and art of obstetrics. The results of bacteriologic and of chemicobiologic research as applied to the pathology of midwifery; the wider range of surgery in treating many of the complications of pregnancy, labor, and the puerperal period, embrace new problems in obstetrics, some of which have found their place in obstetric practice. In this new edition, therefore, a thorough and critical revision was required, some of the chapters being entirely re-written, and others brought up to date by careful scrutiny. A number of new illustrations have been added, and some that appeared in the first edition have been replaced by others of greater excellence.

By reason of the extensive additions the new edition has been presented in two volumes, in order to facilitate ease in handling. The success primarily achieved unquestionably awaits this present edition, as we know of no more commendable work on the subject.

DISEASES OF THE PANCREAS.

DISEASES OF THE PANCREAS AND THEIR SURGICAL TREATMENT. By A. W. Mayo Robson, F. R. C. S., Senior Surgeon, Leeds General Infirmary; Emeritus Professor of Surgery, Yorkshire College, Victoria University, England; and B. G. A. Moynihan, M. S. (Loud.), F. R. C. S., Assistant Surgeon, Leeds General Infirmary; Consulting Surgeon to the Skipton and to the Mirifield Memorial Hospitals, England. Handsome octavo volume of 293 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902, Cloth, $3.00 net.

This work, dealing with the surgical aspect of pancreatic disease, has been written with a two-fold object: to record and to review the work done in the past, andto indicate, so far as possible, the scope and trend of future research. We can state freely and unreservedly that the objects aimed for could not have been better accomplished. It is only within recent years that any material progress in regards to our knowledge of the functions and diseases of the pancreas has been made, and a work like the present volume, the combined efforts of two such distinguished surgeons, will most certainly be welcomed by the profession.

The work is an excellent one, and besides containing a very commendable exposition of the various diseases and injuries of the pancreas, it includes an accurate account of the anatomy, abnormalities, development, and structure of the gland. We endorse the work most heartily, and believe every physician and surgeon will find its perusal of unusual advantage.

We acknowledge the following invitation:

The Editorial Staff of The New York Medical Critic requests the honor of your presence at a complimentary dinner to be given to Dr. Sturgis, the Editor of the Journal, on the evening of November fifteenth, 1902, at the Waldorf-Astoria. Dinner will be served at eight o'clock. Marten W. Curran, Chairman.

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